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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application No.	10/062,143	
	Filing Date	January 31, 2002	
	First Named Inventor	Gad S. Sheaffer	
	Art Unit	2193	
	Examiner Name	Do, Chat C.	
Total Number of Pages in This Submission	18	Attorney Docket Number	42390P11127

ENCLOSURES <i>(check all that apply)</i>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.62 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> <div style="border: 1px solid black; padding: 5px; width: fit-content;">Facsimile Transmittal Sheet</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Ashley R. Ott, Reg. No. 55,515 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	<i>Ashley Ott</i>
Date	September 19, 2006

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.			
Typed or printed name	Pat Sullivan	Signature	<i>Pat Sullivan</i>
Date	September 19, 2006		

Based on PTO/SB/21 (00-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/r) 11/00/2005.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

SEP 19 2006

<h2 style="margin: 0;">FEE TRANSMITTAL for FY 2005</h2> <p style="font-size: small; margin: 0;">Patent fees are subject to annual revision.</p>	Complete if Known	
	Application Number	10/062,143
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	Filing Date	January 31, 2002
	First Named Inventor	Gad S. Sheaffer
	Examiner Name	Do, Chat C.
	Art Unit	2193
TOTAL AMOUNT OF PAYMENT	(\$)	0.00
	Attorney Docket No.	42390P11127

METHOD OF PAYMENT (check all that apply)

Check
 Credit card
 Money Order
 None
 Other (please identify): _____

Deposit Account Deposit Account Number: 02-2666
 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below
 Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayment of fee(s)
 Credit any overpayments

under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

Total Claims	30	- 30 [*] =	0	x	50.00	=	\$0.00
Independent Claims	3	- 3 [*] =	0	x	200.00	=	\$0.00
Multiple Dependent							

*or number previously paid, if greater. For Reissues, see below

Large Entity	Fee Code	Fee (\$)	Small Entity	Fee Code	Fee (\$)	Fee Description	
	1202	50	2202	25	Claims in excess of 20		
	1201	200	2201	100	Independent claims in excess of 3		
	1203	350	2203	180	Multiple Dependent claim, if not paid		
	1204	750	2204	385	**Reissue independent claims over original patent		
	1205	300	2205	160	**Reissue claims in excess of 20 and over original patent		
SUBTOTAL (1)						(\$)	0.00

2. ADDITIONAL FEES

Large Entity	Fee Code	Fee (\$)	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	85	Surcharge - late filing fee or oath			
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet			
2053	130	2053	130	Non-English specification			
1251	120	2251	60	Extension for reply within first month			
1252	450	2252	225	Extension for reply within second month			
1253	1,020	2253	510	Extension for reply within third month			
1254	1,590	2254	795	Extension for reply within fourth month			
1255	2,160	2255	1,080	Extension for reply within fifth month			
1401	500	2401	250	Notice of Appeal			
1402	500	2402	250	Filing a brief in support of an appeal			
1403	1,000	2403	500	Request for oral hearing			
1451	1,810	2451	1,510	Petition to Institute a public use proceeding			
1460	130	2460	130	Petitions to the Commissioner			
1807	50	1807	50	Processing fee under 37 CFR 1.17(a)			
1808	180	1808	180	Submission of Information Disclosure Stmt			
1809	780	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))			
1810	780	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))			
Other fee (specify) _____						Request for Continued Examination _____	
SUBTOTAL (2)						(\$)	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Ashley R. Ott	Registration No. (Attorney/Agent)	55,515
Signature		Telephone	(303) 740-1980
		Date	09/19/06

Based on PTO/99/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 12/15/2004.
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<h2 style="margin: 0;">FEE TRANSMITTAL for FY 2005</h2> <p style="font-size: small; margin: 0;">Patent fees are subject to annual revision.</p>	Complete if Known		
	Application Number	10/062,143	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	Filing Date	January 31, 2002	
	First Named Inventor	Gad S. Sheaffer	
	Examiner Name	Do, Chat C.	
	Art Unit	2193	
TOTAL AMOUNT OF PAYMENT (\$)	0.00	Attorney Docket No.	42390P11127

METHOD OF PAYMENT (check all that apply)

Check
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 Money Order
 None
 Other (please identify): _____

Deposit Account
 Deposit Account Number: 02-2666
 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

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Charge fee(s) indicated below
 Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayment of fee(s)
 Credit any overpayments

under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

	Edms Claims		Fee from below		Fee Paid	
Total Claims	30	- 30*	0	x	50.00	= \$0.00
Independent Claims	3	- 3*	0	x	200.00	= \$0.00
Multiple Dependent						

Large Entity		Small Entity		Fee Description	
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	50	2202	25	Claims in excess of 20	
1201	200	2201	100	Independent claims in excess of 3	
1203	380	2203	180	Multiple Dependent claim, if not paid	
1204	790	2204	395	**Reissue independent claims over original patent	
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (1)				(\$)	0.00

*For number previously paid, if greater. For Reissues, see below

2. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or with	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
2053	130	2053	130	Non-English specification	
1251	120	2251	60	Extension for reply within first month	
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1401	500	2401	250	Notice of Appeal	
1402	800	2402	250	Filing a brief in support of an appeal	
1403	1,000	2403	500	Request for oral hearing	
1451	1,510	2451	1,510	Petition to institute a public use proceeding	
1460	130	2460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(a)	
1808	180	1808	180	Submission of Information Disclosure Stmt	
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(b))	
1910	780	2910	395	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify) _____					
SUBTOTAL (2)				(\$)	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Ashley R. Ott	Registration No. (Attorney/Agent)	55,515
Signature		Telephone	(303) 740-1980
		Date	09/19/06

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (vtr) 12/15/2004.
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SEP 19 2006

Our Docket No.: 42P11127

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Sbeaffer

)
) Examiner: Do, Chat C.

Application No.: 10/062,143

)
) Art Group: 2193

Filed: January 31, 2002

)
)
)
) For: Multiply-Accumulate Accelerator with
) Data Re-Use

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed June 19, 2006, applicant respectfully requests the Examiner to enter the following amendments and to consider the following remarks.

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that I am causing the above-referenced correspondence to be transmitted via facsimile to the United States Postal Service at (571) 273-8300 on the date indicated below:

September 19, 2006
Date of Transmission

Pat Sullivan
Name of Person Transmitting Correspondence

Pat Sullivan
Signature

09/19/2006
Date

Atty Docket No. 42P11127
Application No. 10/062,143